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Atty. Docket: 40015980-0010

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

05/04/01  
J1046 U.S. PTO  
09/849495

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09/849495  
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In re Patent Application of )  
Applicants: Denis Khoo and Raymond F. Ratcliff III )  
Serial No.: Unassigned )  
Filed: Herewith )  
Title: Method And System For Providing Content )  
With An Option )

CERTIFICATE OF EXPRESS MAILING UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" Mailing Label Number EL801035334US addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231 on May 4, 2001.

*Deanna Arthur*  
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5/4/01  
Date of Signature and Mailing

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL OF UTILITY PATENT APPLICATION

Sir:

Transmitted herewith for filing is a patent application. Enclosed are:

1. 42 pages of application (including cover sheet, 27 claims and 1 page of abstract).
2. 7 sheets of formal drawings.
3. A declaration/power of attorney by applicants.
4. Applicant claims small entity status.
5. An assignment of the invention to Individual Network, Inc., Form PTO-1595 and a check in the amount of \$40.00 to cover the fee.

Serial No. unassigned

CLAIMS AS FILED				
(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$710.00
TOTAL CLAIMS	27 - 20 =	7	x \$18.00	126.00
INDEPENDENT CLAIMS	8 - 3 =	5	x \$80.00	400.00
MULTIPLE DEPENDENT CLAIMS FEE (if applicable)			+ \$270.00	
SUBTOTAL FILING FEE				1236.00
<input checked="" type="checkbox"/> Small Entity (50% of subtotal filing fee if checked)				*( 618.00)
TOTAL FILING FEE				\$618.00

\_\_\_ Please charge my Deposit Account No. 19-3140 in the amount of \$\_\_\_\_\_.

XX The Commissioner is hereby authorized to charge any additional fees which may be required, including, if necessary, the filing fee if the above-referenced check is in the wrong amount, unsigned, postdated, or otherwise improper or informal or missing, or credit any overpayment to my Deposit Account No. 19-3140. A duplicate copy of this sheet is enclosed.

XX A check in the amount of \$618.00 to cover the filing fee is enclosed.

Respectfully submitted,



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